

(Please Print or Type)

**Specialty Producer
Insurance License Application**

Insurance Commissioner State of Washington

Physical Address: 5000 Capitol Boulevard, Tumwater WA 98501

US Postal Address: P O Box 40257 Olympia, WA 98504-0257

Phone: 360 725-7144

① Business Entity Name

② FEIN

-

③ Legal Business Type: **(Circle one)** **F**-Firm **P** – Partnership **S** – Sole Proprietorship

C – Corporation **LLC** – Limited Liability Company **LLP** – Limited Liability Partnership

④ DBA (assumed name), if applicable

⑤ If the license is to be issued to **F, P, S** or **DBA**, has the name been registered with the Dept. of Licensing in the State of Washington?
[] Yes [] No

⑥ Incorporation/Formation Date (**C, LLC, LLP**) (month) ____ (day) ____ (year) ____

⑦ Primary Business Address

⑧ City

⑨ State ⑩ Zip

⑪ Phone Number
() -

⑫ Fax Number
() -

⑬ Business Web Site Address

⑭ Business E-Mail Address

⑮ Primary Mailing Address

⑯ P.O. Box

⑰ City

⑱ State ⑲ Zip

Supervising Agent

⑳ Identify Licensed **Supervising Agent**:

Name _____ SSN _____ - _____ WA License # _____
Phone Number _____

Background Information

㉑ Please read the following very carefully and answer every question. All copies of documents must be certified.
All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes ____ No ____

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment

2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ____ No ____

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ____ No ____

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ____ No ____

5. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ____ No ____

Applicants Certification and Attestation

22 The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
2. The business entity grants permission to the Commissioner in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
3. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
4. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.

Attachments

23 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. Stamped approved copy of Articles of Incorporation or Formation **or** registration with Dept. of Licensing if a sole proprietorship or partnership.
2. A Certificate of Good Standing from the Secretary of State of Washington if entity is corporation or limited liability company or partnership.
3. List of each additional location at which entity intends to offer communication equipment insurance to Washington consumers.
4. An affiliation, INS-18, completed by the applicant authorizing the supervising agent to represent the applicant. The supervising agent must be licensed under RCW [48.17.060](#).
5. An appointment, INS-18, as an agent completed by each authorized insurer(s) authorizing the applicant to represent the insurer
6. Written consent of the insurer signed by an officer of the insurer, that premiums need not be segregated from other funds received by the vendor.
7. Outline of training program
8. The brochure regarding the program that will be available at every location where communications equipment insurance is sold.

Must be signed by an officer, director, principal or partner of the business entity:

Signature

Month Day Year

Typed or Printed Name

Title